VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3296

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 290

	. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
	a. COUNTY Talbot MARYLAN	II O STATE						
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)						
	40 Easton 20 hb.	Federalsburg 05x						
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTRUTION	d. STREET ADDRESS  e. 15 RESIDENCE ON A FARM?						
	Easton Memorial Hosp.	YES NO						
	NAME OF DECEASED D First Middle	2 Lost 4. DATE Month Day Year						
1	(Type or print) Daby GIR!	Deulah. DEATH Warch 14, 1956						
1	6. COLOR OR RAGE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  Inst birthday) Months Days Hours Min.						
	remaile latored widowed Divorced	March 12, 1950 ym. 20						
I	<ol> <li>USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</li> </ol>	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
		Maryland U.S. H.						
l'	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
1	aville mes	GERTRUGE Deulah						
	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no. or unknown)  (If yes, give way or dates of service)  16. SOCIAL SECURITY NO.	INFORMANT AND AND MINISTER OF THE PROPERTY OF						
=		survide Delivan						
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH						
1	IMMEDIATE CAUSE (a)							
1		DUE TO						
	Canditians, if any, which gave rise to immediate (b)	neg -						
	cause (a), stating the under- lying cause last.							
	/ (c)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
	TAN III OTILE SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH	PERFORMED?						
9	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B  20a. ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING TO COURT OR CONTRIBUTING TO DEATH OR CONTRIBUTING TO D	RED. (Enter nature of injury in Part I or Part II of item 18.)						
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	see. (since receive or injury in received received to them 18.)						
		PLACE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (State)						
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. st., p. m. 19 While of wark at work at work	factory, street, office bldg., etc.)						
1		2/14						
1	21. I certify that I ottended the decegaed from 27 / 2	1936, to 1936, that I last saw the deceased						
1	olive on 1921, and that dea	th occurred at ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)						
1	SIGNATURE CHACK	Waster to Canter 1500						
	71111	M.D. M.						
	PHYSICIAN'S F.C.H. SCHMINIT	Maslend						
2	20-BURIAL, CREMATION, 226, DATE THEREOF 220 NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (Sity, tawn, or county) (State)						
	- Keeralin 3/15/56 Mosses	en losseld Easter ned						
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
	13 ray incineraled	DATE 3/15/54 7/4. 70, 2001						
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certific	"pendin	iner's C	be used	
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YAMIN	iting the	Medica	Page 3	
ICAL E	ofe, wr	he Chief	ECTOR:	
I MED	certific	ed to the	RAL DIR	vol.
DETO	cute the	forward	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial-tremati	or removal.
/S.	. A	15/	AE(	5)

5M 9/55

34	em 21 Film	3297 ME	AND S	L EXAMINE		CERTIFICA			18 Reg. Dist.	)327() No. 290
1	PLACE OF DEATH	TOLLAT		MARYL	AND	2. USUAL RESIDENCE o. STATE MARY		ased lived. If Institu b. COUNTY		
4	40 EASTOR	1		c. LENGTH OF STAY IN GLAN.	0.	c. CITY OR TOWN  EASTON  d. STREET ADDRES	1	orporate timits, write	RURAL and giv	e. IS RESIDENCE ON A FARM?
1	HOME			11 S.	AURORA	ST		YES NO		
3	- NAME OF -DECEASED (Type or print)	GEORGE	P.	Middle NELSON		BL ADES	4. DATE OF DEATH	Month MAR(		7 19 56
	sex male	white	WIDOWE	ED NEVER MARRIED DIVORCED	5 C	PATE OF BIRTH	1900	9. AGE (In years last birthday) 4 8 yrs.	IF UNDER TYE	AR IF UNDER 24 HRS.
	carpente		fane 10b. I	CIND OF BUSINESS OR IN		Mary	land	country)		OF WHAT COUNTRY?
ľ	3. FATHER'S NAME	o Bladle	1.			14. MOTHER'S MAIDE		Will	linu	ison
1	5. WAS DECEASED EV	ER IN U. S. ARMED FOI	ervice)	SOCIAL SECURITY NO. 20-26-191;	17. INI	ORMANT		Address		
		fiate cause (							C	NTERVAL BETWEEN UNSET AND DEATH  Immed.
CEPTIEICATION	PART II. OTH			ENOW IN THE COLUMN					EN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
CEDT	PRIMARY   ar CON	VIRIBUTING []		HOW INJURY OCCURR				I at item 18.)		
MEDICAL	20c. TIME OF INJUR	Month, Day, Yea 3-7-569	20d. I While	NJURY OCCURRED 200	- PLACE	OF INJURY (Home, f., street, affice bldg.,	arm, 120f. (Ci	ly or town) Easton	(County)	
			af the r	emains described  Accident ,			-00	Inspection ,	Inquiry [	
	ACTUAL SIGNATURE	Lanis (	10/4	Elly		M.D. CHIEF MEDICAL	L EXAMINER	]		DATE SIGNED
	EXAMINER'S NAME (Type)	Louis S.We	ltv			DEPUTY MEDICA			110	3-8-56
2	EMOYAL (Specify)		956	22c. NAME OF CEMETER	14	Sin all a	22d 10C	Ston Fa	county	Esign's.
23	Maurice Maurice	s signature flu	mai	ut for C	asi	on Ma 240. RI DATE	3/11/5	TRAR 24b. REGIS	TRAPY SIGNA	eltels

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BUREAU V.	
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Reg. Dist. No. 2 90

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside carporote limits, write RURAL and give regrest town) e. IS RESIDENCE ON A FARM? YES INO Month Day Yeor 1956 IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stole) 19 5 6that I last saw the deceased and that death occurred at 6.0AM, from the causes and on the date stated above. ADDRESS (Street, city or tawn, state) DATE SIGNED 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S MGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03273

Reg. Dist. No. 290

### CERTIFICATE OF DEATH 3317

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Talbot MARYLAND	STATE MAY VANGOUNTY +2 DO+
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL end give nearest town)
OR and give nearest town); (in this place)	OR TOWN
Cordova Lite	L'Ordova X
HOSPITAL OR	STREET (If rural give location)
STREET ADDRESS POLATED TO TO 195	ADDRESS D
MALI ADDRESS HOUTE & BOX 193	100+6 9 POX 142
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Year)
(Type or Print)	DEATH DE DI E'A
S. SEX   6. COLOR OR 17. SINGLE, MARRIED,   8. DATE OF	9 3/ 1936
S. SEX 6. COLOR'OR 7. SINGLE, MARRIED, 8. DATE OF	TOTAL
+ (o/ (Specify) Markled 3/	17/96 60 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	COUNTRY?
Laborer Domestic	Mary land U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dover A Dovoicke	Margari + lange
FEITY A. DEYRICAS	vosephine tramer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yas, give war or dates of service)	ma mas IIIII no man le no
10 MEDICAL CENT	TIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
11201	
MMEDIATE CAUSE (A) Cloning change	being due to artero velumis 3 uso.
ANTECEDENT CAUSE(S) DUE TO	7
DISEASES OR CONDITIONS, IF ANY, (B) GRALLING QU	uno recurus
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory,   21	
	YES NO
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY streat, office bidg., etc.)   21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21a. INJURY OCCURRED   2	YES NO
21a. ACCIDENT WAS UNDERLYING   21b. PLACE [Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY streat, offica bldg., atc.] (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21a. INJURY OCCURRED While Not while	YES NO 1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work   et work   et work	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  21f. HOW DID INJURY OCCUR?
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY streat, office bidg., atc.)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)   21e. INJURY OCCURRED While of work   21e. INJURY OCCURRED While of work   22.   1 hereby certify that lattended the deceased from TUP 20.	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  21f. HOW DID INJURY OCCUR?
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY streat, office bidg., etc.) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work et work 22. I hereby certify that Lattended the deceased from 100.	YES NO 1.  1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  21f. HOW DID INJURY OCCUR? , 1956, to pure the deceased
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY streat, office bidg., etc.) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21a. INJURY OCCURRED While of work et work   22. I hereby certify that I attended the deceased from 1 20 alive on March 25, 19 , and that death occurred at	YES NO 1.  NO 1.
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY streat, office bidg., etc.) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work et work 22. I hereby certify that Lattended the deceased from 100.	TE. WHERE DID INJURY OCCUR? (City or town)  21f. HOW DID INJURY OCCUR?  12f. HOW DID INJURY OCCUR?
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTION   CAUSE OF DEATH OF INJURY streat, office bidg., etc.)   21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)   21a. INJURY OCCURRED While Not while et work   et work   et work   22. I hereby certify that I attended the deceased from Tub 20 alive on March 25, 19 5 , and that death occurred at SIGNATURE   M. D.	TE. WHERE DID INJURY OCCUR? (City or town)  21f. HOW DID INJURY OCCUR?
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work   22. I hereby certify that   attended the deceased from 10 alive on 10 alive	TE. WHERE DID INJURY OCCUR? (City or town)  21f. HOW DID INJURY OCCUR?  22f. How Did I
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY streat, office bidg., etc.) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work   22. I hereby certify that   attended the deceased from 10 alive on 10 alive	TE. WHERE DID INJURY OCCUR? (City or town)  21f. HOW DID INJURY OCCUR?  22f. 1956  22f. 19
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, form, fectory, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)   21a. INJURY OCCURRED While of work   et work   et work   et work   et work   et work   et work   22. I hereby certify that I attended the deceased from the polyment of the control o	TE. WHERE DID INJURY OCCUR? (City or town)  21f. HOW DID INJURY OCCUR?  1. 1956, to make 3 1, 1956, that I last saw the deceased and on the date stated above.  ADDRESS (Street, city, town, stete)  DATE SIGNET  CREMATORY  LOCATION (City, town, or county)  CREMATORY  LOCATION (City, town, or county)  (State)
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY streat, office bidg., etc.) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work   22. I hereby certify that   attended the deceased from 10 alive on 10 alive	TE. WHERE DID INJURY OCCUR? (City or town)  21f. HOW DID INJURY OCCUR?  22f. 1956  22f. 19
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, form, fectory, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)   21a. INJURY OCCURRED While of work   et work   et work   et work   et work   et work   22. I hereby certify that I attended the deceased from the policy on march 24 19 5 6 , and that death occurred at SIGNATURE   DATE THEREOF   NAME OF CEMETERY OR CONTROL   19 10 10 10 10 10 10 10 10 10 10 10 10 10	TE. WHERE DID INJURY OCCUR? (City or town)  21f. HOW DID INJURY OCCUR?  1. 1956, to make 3 1, 1956, that I last saw the deceased and on the date stated above.  ADDRESS (Street, city, town, stete)  DATE SIGNET  CREMATORY  LOCATION (City, town, or county)  CREMATORY  LOCATION (City, town, or county)  (State)

MARYEARS STATE DEPARTMENT OF REALTH-SALVERORS TO

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND	STATE DEPART	MENT OF HEALTH-BA	ALTIMORE, 18	03275
3310	CERTIFIC	CATE OF DEATH	Reg	g. Dist. No. 290
1. PLACE OF DEATH  o. COUNTY  Ta/baT	MARYLAN	2. USUAL RESIDENCE (Where dece a. STATE	eased lived. If institution: Re b. COUNTY	esidence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1		arporate limits, write RURAL	ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	7	e. IS RESIDENCE ON A FARM?
3. NAME OF DECEASED	OSpital Middle	10st 4. DA	TE Month	YES NO Day Year
(Type or print) William	Joh	n Harris DE	ATH March	19 19 5 6 NDER 1 YEAR IF UNDER 24 HRS.
Male Colored WIDOW		February 22,19.	la 40 yrs. Mon	
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Farm Juperintendent	Farming	IDUSTRY 11. BIRTHPLACE (State or foreign	gn country) 12	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (14s. no. or unknown) (15 yes, give war or dates of service)	- Il Canal	VIOLA R. HA	RR15dress	(wife)
18. CAUSE OF DEATH [Enter only one cause per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ine (a) (o), (b), and (c).]	il Infaretr	J	INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which gove rise to immediate cause (a), stating the under	Teromany	Charlose	ı	Iweld
Iying couse lost.   (c)	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN	I PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I ar	Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. Haur a. n. 19 While at wa	Not while	PLACE OF INJURY (Home, form, foctary, street, office bldg., etc.)	(City ar town)	(County) (State)
21. I certify that attended the deced	Arred L	ath occurred at 4:20 PM, f		at I last saw the deceased
ACTUAL SIGNATURE CESSESSION	nel		S (Street, city or town, state)	2 19 Mush 1950
PHYSICIAN'S E. C. H. Sc	hmidt	Easton, 4	Maryland	
220. BURIAL CREMITION, 226. DATE HEREOF, SENOVAL (SDECTY)	22c. NAME OF CEMETER	de Crematory 22d. Co	aslau.	nty) (Stote) Nud
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REC DATE 3/0	1 11	S SIGMATURE)

CERTIFICATE OF DEATH

BUREAU V. S.

9261 7S AAM

BECEINED

VS A15 (4) 15M 9/55 14

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3301 CERTIFICATE OF DEATH

8 03276 Reg. Dist. No.: 296

	V					
1. PLACE OF DEATH o. COUNTY	Tallah.	MARYLAND	2. USUAL RESIDENCE (W	there deceased lived. If institution b. COUNTY	on: Residence before or	dmixtion)
b. CITY OR TOWN (If o RURAL and give pears	ytside corporate limits, write est tawn)	c. LENGTH OF STAY IN 16	CASION LIF	outside corporate limits, write Ri	JRAL and give nearest	town)
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street	oddress)	d. STREPT ADDRESS	askington		RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Lamilier K.	Skiddle	ISAN lost	4. DATE March	th Day	Year 19 5 6
Finale 6	COLOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	1869 9. AGE (In years lost birthday) & 6 yrs.	Months Days Ho	UNDER 24 HRS. Durs Min.
100. USUAL OCCUPATION during most of working	(Gire kind of work done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (STOR	or foreign country)	12. CITIZEN OF W	HAT COUNTRY?
13. FATHER'S NAME	2 adam	7	14. MOTHER'S MAIDEN	NAME LULIN		
	N U. S. ARMED FORCES? yes, give wor or dates of service)	SOCIAL SECURITY NO. 17>	Muss Mar	paced Karriso	y Cash	n Hel
PART I. DEATH	MEDIATE CAUSE (o)  DUE TO	ne for (o), (b), and (c).]	n the	rubosis	intervonset 3	AL BETWEEN AND DEATH
gove rise to imm code (o), stating the lying couse lost.	nediote ( Dus TO	arter	6 Sele	veria	10	5415
PART II. OTHER  200. ACCIDENT WAS I OR CONTRIBUTING I (IF EITHER, NOTIFY MI	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GIV	P	VAS AUTOPSY ERFORMED? S NO
	CAUSE OF DEATH	CRIBE HOW INJURY OCCUR	ED. (Enter noture of injury in	Port I or Port II of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	While		PLACE OF INJURY (Home, far actory, street, office bldg., et	m, 20f. (City or town)	(County)	(State)
21. I certify that alive an	at lattended the decease scarce, 120 Allaw S. J.	7	h accurred at	M. from the causes of ADDRESS (Street, city or town,		
PHYSICIAN'S NAME (Type)					( /	1
220. BURIAL, CREMATION, REMOVAL ISOSCIPI	3/28/36	22c. NAME OF CEMETERY	OR CREMATORY PELL	22d. LOCATION (City, towns	le county)	(Stote)
23. FUNERAL DIRECTOR'S !	Ellewarms	ABORESS SO	Lon MA DATE &	BOX LAT	STRAR'S SIGNATURE	1 kens

AT HER RESIDENCE OF THE PROPERTY OF THE PROPER and the party of t 9561 E 8dt

VS A15 (4) 15M 9/SS 13

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18

3318 CERTIFICATE OF DEATH

03277 Reg. Dist. No. 290

1. P	LACE OF DEATH COUNTY Tal	bot		MARY	LAND	2. USUAL RESIDENC o. STATE Mary	E (Where		lived. If institut b. COUNTY	Talbe		odmissi	ion)
t	. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outsid	de corpor	ote limits, write I	RURAL ond g	ive neare	est tawn	}
X	Tuni	s Mills		life		Tun:	is M	ills	3.		X		
bi	OR INSTITUTION	AL (If not in hospital, g	give street	address)		d. STREET ADDRE	SS				1		IDENCE FARM? NO
. [	IAME OF DECEASED Type or print)	Fir Em	•	Middle B. Hissey		Lost	4.	DATE OF DEATH	March		Doy 1956		Year 19
S. S	EX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	D 🔲	B. DATE OF BIRTH		9	AGE (In years lost birthday)	IF UNDER			
	Female	White	WIDOWI	ED M DIVORCE		July 28	. 18	60	95rs.	Months	Days	Hours	Min.
	housekee	ing life, even if retired	dane 10b.	own home	R INDUS	Talbo	t Co	unty			ZEN OF		COUNTRY
13.	ATHER'S NAME	~ ~				14. MOTHER'S MAIL							
		G. Banni:			1	Mary	Ann	Ty.					00100
15.  Yes	no, or unknown) (	R IN U. S. ARMED FOR If yes, give wor or dates of s	ervice  16.	social security no none		Miss. No	മുന്നൂ് .	77 7		Tun:	i a M	147	1 <
H		THE ECONOMISCO CO.	6	ne for (o), (b), and (c).		112.55. 110	CMITT	V 0 1	ir spey,	1 W11.		VAL BE	
7	Conditions, if ar gave rise to in case (o), stating t lying couse last.	the <u>under-</u>		Aremi Meplu	0-)	Cleve		2			7	d	a a
CERTIFICATION	20a. ACCIDENT WA			CRIBE HOW INJURY O						VEN IN PART		PERFO	NO O
CERT	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200. 003	CRIBE HOW INJURY O	CCORREL	. (Emer natore of inju	ry in con	1011011	11 of Hell 10.)				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Y Month, Day, Ye	While	NJURY OCCURRED  Not while  at work	20e. PLA fac	CE OF INJURY (Hame tory, street, office bldg	, farm, (2)	20f. (City	or tawn)	(0	County)	4	(State)
220	actual SIGNATURE PHYSICIAN'S NAME (Type)	Tayler Tolyle N. 122b. DATE THEREO	-, 12= - L	ed fram 17 Fig. , and that Baker Baker 13a Ke	'	A.D. 11 Ea	ADD	A, fram ORESS (Str	eet, city or town,	and an the	ne date	state DA	ed abave
22	REMOVAL (Specify)		, 56		ng I				ston, 1				
23.	FUNERAL DIRECTOR	SIGNATURE	11	ADDRESS		240.	REC'D BY	Y REGISTR	AR 24b. REG	STRAR'S SIC	NATURE	A	

THE R CERTIFICATE OF DEATH

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CANDADA CONTRACTOR OF CANDADA CONTRACTOR OF

#### CERTIFICATE OF DEATH 3302

Item 9, FilmG195 4-18-56 et	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY 72/65 + MARYLAND	STATE Marylandounty Talbot
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (if outside corporate limits, write RURAL and give neerest town)
OR and give naerest toyin)  OR TOWN FACTOR  OR	TOWN FACTOR RID
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
/20	
DECEASED A	(Lest) 4. DATE (Month) (Day) (Yaar)
(Typa or Print) 1/1 agg1E #U	ghes DEATH 3 23 1956
5. SEX 6. COLOR OK 7. SINGLE, MARRIED, B. DATE (	
Female Gol (Specify) Married	Approx. 82 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS.	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even If retired House with E Demestia	Maryland LLSA
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
John Cumminas	Elizabeth Cullivan
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INEORMANT & ADDRESS
(Yas, no, or unk.) (If Yes, give wer or dates of service)	BOOK II A DISA ba
10 1150011	Clylon Hughes, hilay 8
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH,	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
59/X IMMEDIATE CAUSE (A) / CILLO A	Darquehumakura peplato 2 mars
ANTECEDENT CAUSE(S) DUE TO	A THE STATE OF THE
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE DUE TO	
(c) Tarally	us smo.
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   21a. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M. While Not while at work at work	"Mbaron"
22. I hereby certify that I attended the deceased from Tayl	7., 19.56., tarting 1.23, 19.36., that I last saw the deceased
alive on 11011 23., 19 D. R.,, and that death occurred a	9
SIGNATURE,	ADDRESS (Street, city town, state) DATE SIGNED
Haymard , My & s M.O.	Garten, MID. 8-24-50
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	
Dur 12/1 3/28/56 Chapel	PEM EXOLE MA DES
ZA RECOD BY REGISTRAR   REGISTRAR'S SIGNATURE	2S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
APR 4 1956 M at 1.	1000
DATE 11. 79 /Cevillage	James / Statuly

MADY: AND STATE CIPARTMINE OF HEASTH-SANTAKORS, 18.

# CERTIFICATE OF DEATH

BUREAU V. E.

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03279

#### CERTIFICATE OF DEATH 3303

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY Talbat MARYLAND	STATE Maryland COUNTY Talkat
	CITY (Il outsida corporata limits, writa RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest fown)
	OR end give nearest town) (in this place)	OR TOWN S T
	40 TOWN Easton all & like	Casion
	HOSPITAL OR	STREET (If ruraf give location)
	INSTITUTION OR STREET ADDRESS IN 12-T- 11- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1	ADDRESS 112 Tillet Lane.
P	102 Jacob of our a	(Last)   4. DATE (Month) (Day) (Yeer)
	3. NAME OF (First) (Middla)	(Last) 4. DATE (Month) (Day) (Yeer)
3	(Typa or Print) James Codyward to	ms) DEATH Mar. 16 1956
	5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE O	F BIRTH 9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	Male RACE WIDOWED, DIVORCED, (Spacify) man with a large of the control of the con	Months Deys Hours Min.
	Mariea Jury	4, 1881 74 yrs. 8 1/2
	10a. USUAL OCCUPATION (Giva kind of work done during most of working lifa, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
9	retired) 10 . O A growth Paragraph Plan	Easton Maryland. W.S.A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	10 0 0	50° 0.10 11
	Charles Johns	Lesaveth turner
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
15	(Yes, no, or unk.) (If Yes, give war of detes of service) 23-1621-164	annie Johns. Ester Md 1
	18. MEDICAL CER	TIFICATION PARTIES AND PROTECTION
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	( Seletto	Menoperalles 2 keys
	IMMEDIATE CAUSE (A)	11111
	ANTECEDENT CAUSE(S) DUE TO	Ver teres 72-4 11
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	21/29
	STATING UNDERLYING CAUSE LAST. DUE TO	
	(C) V V	
	TO THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH.	
_	19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES NO
	21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, farm, lactory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY straet, office bldg., etc.)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
		21f. HOW DID INJURY OCCUR?
	M. et work et work	
	22 the show that I would be dead of TIN	10 ht 42/1/ 10 ht a shall be a state of
		, 1956, to
1		
10M	SIGNATURE   D Me	ADDRESS (Street, city, town stete) DATE SIGNED
	Agunara 1 11/1/2 M.O.	castor 1/18/10/15/
1-55	23. BURIAL, CHEMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, Town, or county) (State)
15C	REMOVAL (SPECIFY) ( MALLO LATE RIGHER LA	Manuelas Paston Mis
SA	24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
>	The state of the s	The state of the s
1	DATE 3/17/56 / 194. 10 well -	Thurs Mylliamis Castra Ma

# CERTIFICATE OF DEATH

TO PATE A

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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				PARTICIPAL ZI
			91701	ALC: YES
	Administration of a major			
				physical design of the section
BUREAU V.				
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	a reduce seal			Service and the
1011512151				

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may be retained by the hospital of fending physician.

TO FUNERAL DIRECTOR: After this fricate has been signed by the attending physician and complete page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar priar to burial, cremation, ar remaval, and in ony event within 72 hours after death. VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CEDTIEICATE OF DEATH

03281

L	3373	CERTIFICA	ALE OF BEATH	Reg. Dist.	. No. 270
1.	PLACE OF DEATH a. COUNTY Talbot	MARYLAND	2. USUAL RESIDENCE (Where deceded o. STATE May 4 / 0	sed lived. If institution: Residence	before admission)
4	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	hu of stay in 16	c. CITY OR TOWN (If outside cor	porate limits, write RURAL and giv	re rearest fown)
9	d. NAME OF HOSPITAL (If not in hospital, give street oddres OR INSTITUTION  Memory at Hes	pita/	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Mys. Helen	Middle	Leonerd 4. DATE OF DEAT	10	Day Year 9 19 56
5.	Female 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED	J. HE LEW HILLMAN	B. DATE OF BIRTH Sept. 4, 1872	I and the art to a	YEAR IF UNDER 24 HRS. Pays Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)	OF BUSINESS OR INDUS	Mary 11. BIRTHPLACE (State or foreign	1	EN OF WHAT COUNTRY
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	John B Mc Mah	102	Alice	Fraley	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	AL SECURITY NO. 17. IN	M Pruly d	Deas Sa	u)
	18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	(a), (b), and (c).	la et in		INTERVAL BETWEEN ONSET AND DEATH
	420.0 DUE TO Conditions, if any, which)	and Parlay	as august .		18 hrs
	gove rise to immediate cause (a), staling the under-	it schurtes	Henry Diser	ire.	Years
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART 1	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING A CONTRIBUTING A CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED	). (Enter noture of injury in Part 1 or P	art II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY Hour a. st., p. m. 19 While at work	OCCURRED 20e. PLA Not while at work	CE OF INJURY (Home, form, 20f. (C tory, street, office bldg., etc.)	ity or town) (Co	unty) (State)
	21. I certify that I attended the deceased fralive on 3-9-1956		occurred at 5.50 PM, fro	9 1952 that I la	st saw the decease
	ACTUAL SIGNATURE SIGNATURE SIGNATURE	tles .		(Street, city or town, stole)	DATE SIGNE 3-9-52
	PHYSICIAN'S DONALD F. BAR	TUEY M. A	Easton,	md.	
22	REMOVAL (Specify) 226. DATE THEREOF 22C.  REMOVAL (Specify) MC 17,56	NAME OF CEMETERY OR	CREMATORY 22d. LOC	Atton (City, town, or county)	(State)
23	FUNERAL DIRECTOR'S SIGNATURE	Jactn	Md . DATE 3/, 2/3	ISTRAR 246. REGISTRAR'S SIGN	10 0 PIQ

•

MATERIAL BROWN CO. VINC.

		1	
O DEPUTY MEDICAL EXAMINER, This certificate should be executed within 24 hours after death. If, any delay is necessary, please exe-	in pencil in Item 18. Give Pages 1, 2, and 3 to the pencil in Item 18. Give Pages 4 should be	e alang with farm PM3. Page 5 may be retained pour files.	a historical parmit File page 1 and 2 with the remisery point to promotion
his certificate	d "pending" i	iminer's Office	ld he wend or
XAMINER: 1	iting the	f Medica.	· Pana 3 chan
UTY MEDICAL E	he certificate, wr	irded to the Chie	FRAI DIRECTOR
O DEP	cute t	farwa	NIIS C

ar remayal. SM 9/SS

VS. A15ME(S)

te	m 21 Film	3306ME		TATE DEPART			H-BAI	DEATH	18	32	\$2.
1.	PLACE OF DEATH	3316		MARYLA	2	USUAL RESIDENCE (V	Vhere deceo			before	
b	o. CITY OR TOWN (III and give nearest town)	autside corporate limits, write	RURAL	c. LENGTH OF STAY IN		c. CITY OR TOWN (IF	outside cor	porote limits, write			nat fown)
4	0			DO. H.		Nacjo	( Oc	ak!	X		
9	PE asten	Mr.	, /	ital, give street address)		d. STREET ADDRESS			/		IS RESIDENCE ON A FARM? ES NO
	NAME OF DECEASED (Type or print)	Fir	il .	Middle	Lin	herry	4. DATE OF DEATH	Mon1		25	Year 1956
5. 5	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	3 8. D/	TE OF BIRTH	N. F.	9. AGE (In years lost birthday)			UNDER 24 HRS.
1	male	Colored	WIDOWED	DIVORCED [		3-25-56	6	N.B. yrs.	Months Day	ns Ho	ours Min.
10a	. USUAL OCCUPATIO	ON (Give kind oF work g life, even if retired)	done 10b. K	IND OF BUSINESS OR INC	DUSTRY	11. BIRTHPLACE (Slote	or foreign o	country)	12. CITIZEN	OF W	HAT COUNTRY?
						U.5A.			1 4	.5 4	9.
13.	FATHER'S NAME				14	MOTHER'S MAIDEN N	NAME S	1	,		
16	WAS DECEASED SV	03 031184 2 11 141 03	nerra lu	COCHI CECUDITY NO. TO	7 10150		nma	n'm b	evry		
	, no. or unknown	ER IN U. S. ARMED FO Jif yes, give war or dates of		SOCIAL SECURITY NO.	7 INFO	ary Es	nmo	L Address	nter	us	
	PART I. DEAT	liote cause	C.	isprata	in	amnie	tre	Unid	7	ONSE AN	ND DEATH
CERTIFICATION	200 FXTERNAL CAL	ISE WAS 20		NTRIBUTING TO DEATH B					PART 16		ERFORMED?
	PRIMARY OF CONCAUSE OF DEATH.	ATKIBOTII AO									
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Month, Day, Yea	While		PLACE ( factory,	OF INJURY (Home, form street, office bldg., etc.	20f. (City	y or town)	(Counly	)	(Stote)
	21. I certify th	at I took charge	of the r	emains described o	bove,	held an Autops	y [], I	nspection 🔀	)nquiry	, a	nd find that
	ACTUAL SIGNATURE	Birth ood		Accident And Way	Suicid OS P	D. CHIEF MEDICAL EX	KAMINER [		couse .	D/	ATE SIGNED
	EXAMINER'S NAME (Type)		/			DEPUTY MEDICAL			_	) .	911
			56	22c. NAME OF CEMETERY  DIGILLE  ADDRESS	OR CRI	& Corner	22d. LOCA	sepall	or county) STRAR'S SIGNA	7	(Stote)
,	JAKUN)	Willia	THY	1		DATE 2	3/27/	56 /	1.44.	no	uren
1	WAYVV	VX					1				

BUREAU V. S.

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BUREAU V. S.	
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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		3308 CERTIFICATE OF DEATH  Reg. Dist. No. 240
director, filed with		1. PLACE OF DEATH  o. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before dimission)  b. COUNTY  b. COUNTY
D a	M)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give recrest town)  RURAL and give nearest town)  Last and the second sec
y the 2 shot		d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  ON A FARM?  YES NO
led in b	(c)	3. NAME OF DECEASED (Type or print)  Baby  Boy  Middle  Lost  4. DATE  Month  Day  Year  OF DEATH  March  1956
	O	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  Male  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  ON A C & SITUATION OF BIRTH  ON A G E (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Days Hours Min. Yes.)
d cample	Georgia Telegraphic Telegraphi	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  May 4 / 9 nd  US #
g physician and cample	1	13. FATHER'S NAME Donald Cook Bernitto Miles
	None Z	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes, give wor or dates of service)  (If yes, give wor or dates of service)
he attendin	ent vite	18. CAUSE OF DEATH [Enter only one cause per line for (o) (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)
Ba.	d in any ev	Conditions, if any, which gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO  DUE TO  DUE TO
0 9 0	removal, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
endi ficat	ō	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
bis bis use as	crematian	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. st.  p. m. 19 While Not while of work of twork of two
0 9 4	burial, cr	21. I certify that I attended the deceased from 3-8-, 1956, to 3-8-, 1956, that I last saw the decease alive on 5-10-PM, 1956, and that death accurred at 8-10-PM, from the causes and an the date stated above
de To	0	ACTUAL SIGNATURE Royald A. Battley M.D. Caster, M.d. 3-8-56
E D	registrar prior	PHYSICIAN'S DONALD F. BARTLEY M.D.
5 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 -	ne regi	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City Town) or county (State)
VS A15 (4)		23. FUNERAL DIRECTOR'S SIGNATURE / APORESS MOMPHUM DATE DE REGISTRAR 24/RECISTRAR'S SIGNATURE / CALLE / RECISTRAR'S SIGNATURE
		2010/1/20 UN 3/100/1 MAIN

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be retained by the hospital rending physicion.	IERAL DIRECTOR: After this entitione has been signed by the attending physician and complete.	och	richary prior to hiring presention or removal and in any avent within 29 hours offer death
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			MARY	LAND	STATE DE	PART	AENT (	OF HEAL	TH-BA	LTIMORE,	18	032	85
l		4	33	19	CE	TIFIC	ATE (	OF DEAT	TH		Reg. Dist.	No. 2	90
	1. PLACE OF DEATH o. COUNTY  Talbot  MARYLAND				2. USU o. Si	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Talbot							
l	b	CITY OR TOWN (	If outside corporate limi	ils, write	c. LENGTH OF		c. C	ITY OR TOWN (	If outside corp	porote limits, write	RURAL ond give	nearest tow	n)
	X		Trappe		16 yrs			T	rappe		7	<	
	01	OR INSTITUTION	TAL (If not in hospital, g	give street	oddress)		d. S	TREET ADDRESS				ON	SIDENCE A FARM? NO V
	0	NAME OF DECEASED Type or print)	Ma <b>rvin</b>	rst .		hell		Lost	4. DATE OF DEATI	H March	onth 9	Doy	Yeor 19 <b>56</b>
	5. S	EX	6. COLOR OR RACE	7. MARK	TED NEVER M	ARRIED -	8. DATE	OF BIRTH		9. AGE (In year			ER 24 HRS.
	M	fale	white	WIDOWI	DIVO	ORCED [	Jan	. 7, 18	39	lost birthdoy)		ys Hours	Min.
	10a.	USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINE	SS OR IND	USTRY 11.	BIRTHPLACE (Sto	ote or foreign	country)	12. CITIZE	N OF WHA	T COUNTRY?
	n	ightwatch			ozen Foo	ds		Md.			-	U.S.	
	13. F	FATHER'S NAME	. Winchell				14. M	OTHER'S MAIDE					
			Mitchell						Stewa				
	(Yes.		ER IN U. S. ARMED FOR	ervice?	5-20-456		INFORMA		Damann		dress		
I							103	eph E.	ercy	Trappe,	nu.		
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	ATION		HER SIGNIFICANT CON		CONTRIBUTING TO	DEATH BU	JT NOT REL	ATED TO THE TER	MINAL DISEA	SE CONDITION G	IVEN IN PART 1	PERF	AUTOPSY ORMED?
	O	20a. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJU	RY OCCUR	RED. (Enter	nolure of injury	in Port I or Po	art II of item 18.)		110	, NO UZ
	MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Ye	While	NJURY OCCURRED Not while		PLACE OF I	NJURY (Home, fo et, office bldg.,	orm, 20f. (Ci etc.)	ty or town)	(Cou	nty)	(Stote)
		21. I certify to alive an	nat I attended the Nation 80	0		that deal	th accurr	19.54, to_		om the causes (Street, city or town		date stat	
	220.	PHYSICIAN'S NAME (Type)	ON, 226. DATE THEREC	OF .	22c. NAME OF	CEMETERY	OR CREMA	TORY	224 100	ATION (Cily, town,	or county)	(Sto	tel
ı		REWRYAL SET CITY			Greenmo				Hills	boro, Que	en Anne	-	
	23-	FUNERAL DIRECTOR	E HUU	un 9	ADDRESS C	deto	17/C	24g, RI	CID BY REGIS	STRAR 245. REG	ISTRAR'S SIGN	ATURE 70	kee
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INSTRUCTIONS

#### CERTIFICATE OF 3320 DEATH

Items 8,9, FilmGl96 5-4-56 et	keg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY + 2/ba+ MARYLAND	STATE Max V/26 d COUNTY +2/60+
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL end give neerast town)
OR end give nearest tolwn)  TOWN F 3 5 T 0 10  (in this place)	TOWN Easton
HOSPITAL OR	STREET (If rural give location)
STREET ADDRESS Route 1	ADDRESS RouteI
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Year)
(Type or Print) frank OCKI	mey DEATH 3 1 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C	, , 1001
Male Coll (Specify) Luidoucd 3/	9/7/62 72 7/77 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, evan if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
retired Laborer Domestic	Maryland W.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
EFAU OCKIMEY	Mary Ellen Carter
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yas, no, or unk.) (If Yas, give wer or detes of service)	Mrs. Nellee Brown Easton, Mr.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
P 1/4 //	ONSET AND DEATH
33 MMEDIATE CAUSE (A)	land the face, stoop
DISEASES OR CONDITIONS, IF ANY, (8)	le la
GIVING RISE TO THE ABOVE CAUSE	are or tige
STATING UNDERLYING CAUSE LAST. (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
ACCIDENT WAS UNDERLYING II AND BUACE III.	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. at work at work	
22. I hereby certify that I attended the deceased from 2:- 28	, 1952 , to 3 -/ , 1954 , that I last saw the deceased
alive on	
SIGNATURE	ADDRESS (Street, city, lown, stele) DATE SIGNED
Co Freell M.D.	Certa 6- 3-3-16
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	11 0 - 1
13/6/54 Union W/	11e, Gem   Easton (Rt1) M.D.
24: REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	27. FUNERAL DIRECTOR'S SGNANRE ADDRESS
DATE 3/6/56 M.S. Perrus	James & Caluell, Enter Mil

THE ST BROWN LASS-NILASHAD THE AVERAGE PRATE ON A FREAM

SETO CERTIFICATE OF DRAFM

BUREAU V. K.

SECENTED FOR 12 1945)

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

The law requires that the death certificate by

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

NSTRUCTIONS

1 2. USUAL RESIDENCE (HOME) OF DECEASED

### CERTIFICATE OF DEATH 3309

Reg. Dist. No. 29			Reg.	Dist.	No. 290	) -
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11-111	MALL TOP. T
COUNTY /26664 MARYLAN	
CITY (If outside corporate limits, write RURAL LENGTH OF ST. OR end give nearest town) (in this place)	
TOWN 12 1 /2 10	NO TOWN CANDON
HOSPITAL OR	STREET (If rural giva location)
INSTITUTION OR STREET ADDRESS of Zandamus ST	ADDRESS A TOURS AND AST
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED -7/	OF 311
(Type or Print) Aexillem	Statem DEATH MAS LET 1900
S. SEX 6. CÓLOR OR 7. SINGLE, MARRIED, 8.	
Male Stack (Specify) Marshark	Offil 16-1880 5 yes. Months Days Hours M
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even il OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
relired)	Entry Ruel (Alpha) 71.20
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wall States	50 is of 1411
an season	Edina Jaugson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (Yas, no, or unk.) (II Yes, give war or deles of service)	Y NO. 17. INFORMANT & ADDRESS
(183, 10, or unk.) (11 183, give war of dates of service) 2/4-/2-	:5695 Cassel Shill Caded Mis
18. MEDIC	AL CERTIFICATION INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Cuca se	acca I whole
ANTECEDENT CAUSE(S) DUE TO	1, 10
DISEASES OR CONDITIONS, IF ANY, (B)	conjectorale years
STATING UNDERLYING CAUSE LAST. DUE TO	
(C) producti	per cureno Adenne glas
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 1 21b. PLACE (Home, larm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21a. INJURY OCCURRED	
M. at work et work	
	1-1 106 1 3-25 106 11111111
	19 6, to 3 21, 19 6, that I last saw the decease
alive on, 19, and that death occ	curred at
SIGNATURE	ADDRESS (Street, sty, town, stele) DATE SIGN
	M.D. 19 July Goran Last Corta led 3-25-3
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMI	LOCATION (Gity, town, or county) (State
Musing May 29-56 Leph	restel Comology Protock Min
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S NOMATURE ADDRESS ADDRESS
3 9 x 5/2 My / 1 + 1	1 John ST Millians Maitai
DATE P-27-3P	ATTHE I I THE MANNEY, CONTROL

SEASOND STATE DEPARTMENT OF SHALTS-BALTSONS, SHALTSAM

# CERTIFICATE OF DEATH

CALLSONS PER CHANGE BANGO THE LABOR. S.

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s after de		TO FUNERAL DIRECTOR: After this wifificate has been signed by the attending physician and completed in by the funeral	2 should	-
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ecuted		comple	popers.	oth.
e Da ex	-1	on and	arbon	offer de
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B. CHITY OR TOWN If contained corporate limits, write country  B. CHITY OR TOWN If contained corporate limits, write country  B. CHITY OR TOWN If contained corporate limits, write country  B. CHITY OR TOWN If contained corporate limits, write country  B. CHITY OR TOWN If contained corporate limits, write country  B. CHITY OR TOWN If contained corporate limits, write country  B. CHITY OR TOWN If contained corporate limits, write country  B. CHITY OR TOWN If contained corporate limits, write country  B. CHITY OR TOWN If contained corporate limits, write cuts of country  B. CHITY OR TOWN If contained corporate limits, write cuts of country  B. CHITY OR TOWN If contained corporate limits, write cuts of country  B. CHITY OR TOWN If contained corporate limits, write cuts of country  B. CHITY OR TOWN If contained corporate limits, write cuts of country  B. CHITY OR TOWN If contained corporate limits, write cuts of country  B. CHITY OR TOWN If contained corporate limits, write cuts of country  B. CHITY OR TOWN If contained corporate limits, write cuts of country  B. CHITY OR TOWN If contained corporate limits, write cuts of country  B. CHITY OR TOWN If contained corporate limits, write cuts of country  B. CHITY OR TOWN If contained corporate limits, write cuts of country  B. CHITY OR TOWN If contained corporate limits, write cuts of country  B. CHITY OR TOWN If contained corporate limits, write cuts of country  B. CHITY OR TOWN If contained corporate limits, write cuts of country  B. CHITY OR TOWN If contained corporate limits, write cuts of country  B. CHITY OR TOWN If contained country  B. CHITY	33	CERTIF	ICATE OF DEATH	Re	og. Dist. No. 290
d. NAME OF HOSPITAL (If not in hospital, give street address)  8. IS RESIDENCE ON A FARM?  19. OF DECASED OF INTERPRETATION OF PACE OF THE STATE OF BIRTH  19. ADE (In years   FLUNDER   YEAR)   FUNDER 2 HIS.  10. USUAL OCCUPATION (Give kind of work done) 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign country)  10. USUAL OCCUPATION (Give kind of work done) 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign country)  10. FATHER'S NAME  11. MOTHER'S MANDEN NAME  12. CHIZEN OF WHAT COUNTRY  13. FATHER'S NAME  14. MOTHER'S MANDEN NAME  15. WAS DECEASEDEVER IN U. S. ABMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  16. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).)  17. INFORMANT  18. CAUSE OF DEATH (Enter only one course per line for (a), (b) and (c).)  19. PART I. DEATH WAS CAUSED BY:  19. IMMEDIATE CAUSE (B)  19. ONE (In years)  19. WAS JUDGEVAL EXCLUSION BY:  19. ONE (In years)  19. WAS AUTORY  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTORY  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTORY  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTORY  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTORY  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTORY  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTORY  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTORY  20. ACCIDENT WAS UNDERLY OF CONTRIB	b. CITY OR TOWN (If autside corporate in	mits, write c. LENGTH OF STAY IN	O. STATE Mary	and b. county	Jueen Anna
DEECHSED (Type or print)    OF COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (in year)   19. UNDER YEAR IF UNDER 224 HES. Months   19. M	d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION Memo		d. STREET ADDRESS	AND	ON A FARM?
DIVONCED	(Type ar print)	hael How	ard Swann	DEATH Mas.	19 1956
13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECRASEDEVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   16. SOCIAL SECURITY NO.   17. INFORMANT   16.	MW	WIDOWED DIVORCED	D Jan. 7, 195	3 lost birthday) Me	onths Days Haurs Min.
15. WAS DECEASEDEVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Addresy M. Jonas Fund  Tree, to, or withness  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSE (b)  PART I. DEATH WAS CAUSE (b)  DUE TO  Conditions, if any, which gove rise to immediate cours (a), tolong the sund  Course (a), tolong the sund  (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES ON  ON CONTRIBUTING COLUMN ADDRESS  TO CONTRIBUTING COLUMN ADDRESS  206. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote)  While of work of work of the stoted of box of the stoted above  ACTUAL  ACTUAL  ACTUAL  ACTUAL  ACTUAL  ACTUAL  ACTUAL  PART I. CERT To SIGNAFURE  ADDRESS  ADDRESS  126. RECO BY REGISTRAR 2 246. REGISTRARS SWANATURE  ADDRESS  226. RECO BY REGISTRAR 2 246. REGISTRARS SWANATURE  ADDRESS  226. RECO BY REGISTRAR 2 246. REGISTRARS SWANATURE  227. NAME OF CEMETERY OR GREMATORY  REMOVAL Opecity)  ACTUAL  ACTU	during most at warking life, even it retire	k dane 10b. KIND OF BUSINESS OR	Mary	la ud	12. CITIZEN OF WHAT COUNTRY
18. CAUSE OF DEATH   Enter only one course per line for (c), (b), and (c).	Thomas Sw	DRCES? 16. SOCIAL SECURITY NO.	netti.	e Woot	ers
PART I. DEATH WAS CAUSE DBY  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stoing the under- lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERRORMED? YES-TO NO  200. ACCIDENT WAS UNDERTYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) 19. WAS AUTOPSY PERRORMED? YES-TO NO  200. ACCIDENT WAS UNDERTYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) 19. WAS AUTOPSY PERRORMED? YES-TO NO  200. ACCIDENT WAS UNDERTYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) 19. WAS AUTOPSY PERRORMED? YES-TO NO  200. ACCIDENT WAS UNDERTYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) 19. WAS AUTOPSY PERRORMED? YES-TO NO  200. THIS OF INJURY Month, Day, Year While CONTRIBUTING COURSED While Not while of work contributing the part is of the part in the part is of the	(Yes, no. or unknown)	f service)	Hospital 1	D , ,	(Father)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w	Canditions, if any, which gove rise to immediate couse (a), stoting the underlying couse lost.	(o) Thele	some		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of wark at work of wark of w	PART II. OTHER SIGNIFICANT CO				PERFORMED?
21. I certify that attended the deceased from		206. DESCRIBE HOW INJURY OCC	URRED. (Enter nature at injury in Part I	or Port II at item 18.)	
alive an	Hour a. ft.	While Not while	De. PLACE OF INJURY (Home, farm, 20) factory, street, affice bldg., etc.)	f. (City or town)	(County) (State)
REMOVAL (Specify) March 71 1954 Chentral and Central C	alive anACTUAL SIGNATURE PHYSICIAN'S F. C. A	So hmidt	eath accurred atM,	from the causes and	on the date stated above
Position (Sur, by ) - 10 A A () A A ()	REMOVAL (Specify) Much 7	1 1954 Chestufu	el Centry Ce	strulle //	aughend,.
		10 A A () A	10. 14.11 21	REGISTRAR 246 REGISTRA	Derex

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			Market Market

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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# INSTRUCTIONS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH 3321

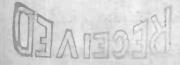
MARYLAND STATE DEPAR	TMENT OF HEALTH-BALTIMORE, 18 ()329
3321 CERTIFICA	ATE OF DEATH Reg. Dist. No. 290
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Jalbet MARYLAND	STATE Md. COUNTY Talbat
CITY (if outside corporate limits, write RURAL LENGTH OF STA OR end give neerest town) (in this piece)	CITY (If oulside corporete limits, write RURAL and give neerest town) OR
X TOWN Easton, Rural 20 yr	rown Existen. Runal.
HOSPITAL OR INSTITUTION OR	STREET ADDRESS ADDRESS ADDRESS
STREET ADDRESS	Delamondo Corne
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Yae
(Type or Print) Robert R.	Thomas) DEATH Mar. 22 195
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8.	DATE OF BIRTH 9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 1
molo Colored (Specify) Markets	7-eb- 1 1881 75 yrs. Months Days Hours
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS	11. BIRTHPLACE (State or loreign country)   12. CITIZEN OF WHA
done during most of working life, even if OR INDUSTRY	Rollewso The COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Pauris 7h	Enils Davis
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY	NO.   17, INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or dates of service)	-9521 Marito and Out ma
18. MEDICA	AL CERTIFICATION INTERVAL BETW
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DE
59/X IMMEDIATE CAUSE (A)	Chiramanni allines May
ANTECEDENT CAUSE(S) DUE TO	Manual 10
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATISHIC LINDED THIS CAUSE LAST DUE TO	
STATING UNDERLYING CAUSE LAST. DUE TO	pur 3negt
13 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPS
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, Iarm, Jectory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTION OF CALLES OF REALTH OF BUILDING	(Siele)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Doy) (Yeer) (Hour) 21e. INJURY OCCURRED	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21a. INJURY OCCURRED While Not while at work at work	of the standard of
(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21a. INJURY OCCURRED While Not while at work  22. I hereby certify that I attended the deceased from Manual Control of the d	Whi.b., 1950, to March 22.19.0.D., that I last saw the dec
(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) While et work Not while at work  22. I hereby certify that I attended the deceased from Manual Processing Company (Month) (Not while et work in the	While, 1950, to March 22.19.00, that I last saw the decurred at 8 - 0.M, from the causes and on the date stated pove.
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Comparison   Com	urred at 8 - 2.M, from the causes and on the date stated pove.  ADDRESS (Street, city, town, stele)  DATE SIGN.D.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
3313	CERTIFICATE	OF	DEATH	Pag

8 Reg. Dist. No. 290

1. PLACE OF DEATH  o. COUNTY  AND  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (Houtside corporate limits, write RURAL and give regrest town)
40 EASTON 24 days	CORDOVAX
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  EMOVIAL  HOSPITAL	d. STREET ADDRESS  o. IS RESIDENCE on A FARM? YES NO
3. NAME OF DECEASED (Type or print) William #	Last 4. DATE Month Day Year OF DEATH 3 14 195 C
5. SEX  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED    WIDOWED   DIVORCED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.    May 15, 1900   9. AGE (In years   IF UNDER 24 HRS.    Months Days Hours Min.    Min.
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUS during most of working life, even if retired)  FARMER	TRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. A
ST. Chair Walts	14. MOTHER'S MAIDEN NAME Lucy Fitz GERALD
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no. or unknown) (If yes, give wor or dates of service)	Mas Dord Parlmens Eusting
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (cx)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
200, DUE TO	
Conditions, if any, which gave rise to immediate couse (a), stating the <u>under-</u>	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED? YES \( \sum \) NO \( \sum \)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part I or Part II of item 18.)
	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that I gittended the degeased fram.	, 19, ta, 19, that I last saw the deceased
alive on 12 and that death	occurred at
SIGNATURE CHARLES	15 Manhuston At 15 Morch 195
PHYSICIAN'S E.C.H. Schmidt	Carton, Moyland
TEMOVAL (SPECITY) 226 DATE THEREOF 22c, NAME OF CEMETERY OR LEMOVAL (SPECITY)	CREMATORY 22d. JOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE REPUBLIES ADDRESS	24g. REC'D BY REGISTRAR Q4b. REGISTRAR'S SIGNATURE DATE 9,7/56 N. H. N. H.

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VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 3314, 12, 13, 14, 10, 9 FilmGl94, 3-21-50 et CERTIFICATE OF DEATH

03294 Rea. Dist. No. 290

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1. PLACE OF DEATH			MARY	<b>LAND</b>	2. USUAL RESIDENCE (W	/here deceased live	d. If institution	n: Residence	before odmi	ssion)
b. CITY OR TOWN (If	outside corporate limits,	write c	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corporate	limits write RI	JRAL and air	10 G /	wnl
RURAL ond give ne	4 0 0		712		100		,	//	4	
d. NAME OF HOSPITA	AL (If not in hospital, give		dress)	9	d. STREET ADDRESS	500		44	In IS PI	SIDENCE
8 OR INSTITUTION	EASTON M	tini	11	050.	1 - 5	CK SIR	eet	- /	ON	A FARM?
3. NAME OF DECEASED (Type or print)	Den	,eL	Middle	WI	Lost	4. DATE OF DEATH	Moni	lh	Doy 12	Year 1932
5. SEX	6. COLOR OR RACE 7	MARRIED	NEVER MARRI	ED 🔲	B. DATE OF BIRTH	9. A	GE (In years	IF UNDER I		DER 24 HRS.
m	COLOREDW	IDOWED	DIVORCE	0	Unknown	Approx.	75 yrs.	Months D	lays Hour	Min.
10a. USUAL OCCUPATIO	N (Give kind of work dor	e 10b. KI	ND OF BUSINESS C	OR INDU	STRY 11. BIRTHPLACE (Stote		y)	12. CITIZ	EN OF WHA	T COUNTRY
	ing life, even if retired)					Unknown		1	Jnknow	2
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	Unknown				Unknow	n				
15. WAS DECEASED EVER	IN U. S. ARMED FORCE	S? 16. SO	CIAL SECURITY NO	). 17. 1	NFORMANT		Addr	ess		
(Yes, no, or unknown)	If yes, give wor or dates of servi	ce)								
PART I. DEAT  33/X  Conditions, if on gove rise to in	nmediate ( DUE TO	per line l	for (o), (b), and (c).	les	Vernor diceres	Roge	arla	nd	INTERVAL I	
tying couse lost.	(c)									
САП	maln	ul	rilion	2	NOT RELATED TO THE TERM	alion	7	EN IN PART 1	PERF	ORMED?
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING (1) 20 CAUSE OF DEATH MEDICAL EXAMINER)	6. DESCRI	BE HOW INJURY O	CCURRE	O. (Enter nature of injury in	Port I or Port II o	f item 1B.)			
20c. TIME OF INJURY Hour a. ft. p. m.	Month, Day, Year	20d. INJU While of work	URY OCCURRED Not while of work	20e. PL	ACE OF INJURY (Home, for ttory, street, office bldg., et	m, 20f. (City or to	own)	(Cod	unity)	(Stote)
21. I certify the	at I attended the d	eceased 19.5	from 3	death	occurred at 3	A_M, fram th				e deceased
ACTUAL SIGNATURE	mell	eer	ien		Mich	accept,		(Sate)		SATE SIGNED
PHYSICIAN'S NAME (Type)	wym Re	res	er In							
220. BURIAL, CREMATION	3-1 2-5	6 2	Quale OF CEM	EIERY O	CREMATORY BOOM	22d. LOCATION	(City, town, o	r county)	Sto	nd ne
23. FUNERAL DIRECTOR'S	SIGNATURE	d-	SA M	ho	el Melare 3	D BY REGISTRAR	24b. REGIS	TRAR'S SIGN	TURE	A

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MARYLAND	STATE DEPARTMENT	OF	Her.
3315	CERTIFICATE	OF	DEATH

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Reg.	Dist.		_	90	)

LITIMORE, 18

	4010	<u> </u>		Reg. Dist. No.	0470
1.	PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE Ways and	b. COUNTY Caro	e admission)
2	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If putside corporale	limits, write RURAL and give rea	rest town)
8	d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION MEMORY A		d. STREET ADDRESS RTD#2		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) William	Middle	White 4. DATE OF DEATH	Manth Da	Year 1956
5.	SEX 6. COLOR OR RACE 7. MARRI WIDOWE	D DIVORCED	March 26, 1887 6	AGE (In years ost brithday) yrs. IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	SIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN O	F WHAT COUNTRY
13.	James P. White	2	14. MOTHER'S MAIDEN NAME KATE CON	1Waq	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. no. or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	Ms LNa Ut	ite wife	) Same
	18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (a). (b). and (c).}	der to arteriolar	suppose cleans	PAL BETWEEN ET AND DEATH
	252. DUE TO Conditions, if any, which gave rise to immediate	desperties.	ui cardio rascular o	de ear	(:)
	cause (o), stating the under- lying cause last.	Theyestory	ic heart discur		(?)
ICATION		ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART I(o)	P. WAS AUTOPSY PERFORMED? YES NO
CERTIF	20g. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in Part I or Part II o	f item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. ji. While at work	_ Nat while fo	LACE OF INJURY (Home, form, 20f. (City or toctory, street, office bldg., etc.)	own) (County)	(Stote)
	21. I certify that I attended the decease alive on	7	h occurred at 2 D.M. from th	19.37, that I last sa	
	ACTUAL There for Hace	in		city or town, state)	Mes 36
	PHYSICIAN'S NAME (Type) Thurston Harriso	n			
	BURIAL, CREMATION, 226. DATE THEREOF 3/11/56	Jule C	R CREMATORY 22d. +OCATION	City. town, a country)	"Istole) Ned
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTRAR	PAL REGISTRAR'S SIGNATUR	EN

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	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18 03206		
	3316 CERTIFICA	ATE OF DEATH Reg. Dist. No. 290		
M	1. PLACE OF DEATH  o. COUNTY  1. PLOOT  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY  CARO  VAL		
IN	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  40	c. CITY OR TOWN (If outside corporate limits, write RURAL and give mearest town)  FE LERALS 64 RU. 05 X		
5	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION MEMORIAL NOS.	d. STREET ADDRESS 211 Reliasion Abe 9. IS RESIDENCE ON A FARM? YES NO		
	3. NAME OF DECEASED (Type or print)  DANNY Middle  MAKCE	LWINDER 4. DATE Month Day Year OF DEATH 3 1956		
	5. SEX  6. COLOR OR RACE  MIDOWED  DIVORCED  DIVORCED  100. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)  113. FATHER'S NAME  114. MOTHER'S MAIDEN NAME.  115. WAS DECEASED EVER IN U. S. ARMED FORCES?  116. SOCIAL SECURITY NO.  117. INFORMANT  OTHER SECURITY NO.  117. INFORMANT  OTHER SECURITY NO.  118. DATE OF 8IRTH  Decenses In Under 1 Year If under 1 Y			
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10				
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond, (c).]  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Dan INTERVAL BETWEEN ONSET AND DEATH		
V	Conditions, if any, which gave rise to immediate couse (o), storing the under-lying couse lost.    DUE TO   Diction 100   DUE TO   PITE VITION 3			
A	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY			

ol YES DO NO [ CERTIFI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) a. f). While Not while p. m. of work ot work 21. I certify 56. 19 \_\_\_,that I last saw the deceased LM, from the causes and on the date stated above. alive on that death occurred ACTUAL PHYSICIAN'S NAME (Type) H.Schmidt Edward 3-3-4-C 220. BURIAL, CREMATION, REMOVAL (Specify) 22C. NAME OF CEMETERY OR CREMATORY 22d. LQCATION, (City, town, or couflity) (State) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

VS A15 (4) 15M 9/55



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